

Aston Transitional Care Limited

Ash House

Inspection report

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Ash House is a residential care home providing accommodation and personal care for up to six people with a learning disability and autism. At the time of the inspection six people were living at the home.

People's experience of using this service and what we found

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, and right culture.

Right Support

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests. The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. Relatives told us they felt their loved one were safe at the home. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:

Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People were supported by kind and caring staff. Staff protected and respected people's privacy and dignity and understood and responded to their individual needs. The service had enough appropriately skilled staff to meet people's needs and keep them safe. People received care that supported their needs and aspirations, was focused on their quality of life, and followed best practice.

Right Culture:

Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. People and those important to them, including advocates, were involved in planning

their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update. The last rating for this service was requires improvement (Published 17 March 2020) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the providers recruitment practices. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe section of this full report. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Ash House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by one inspector.

Service and service type

Ash House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ash House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 29 September 2022 and ended on 11 October 2022 when formal feedback was provided. On 4, 5 and 10 October we spoke with relatives by telephone.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We met and spent some time with all six people who lived at the home. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with four relatives about the experience of the care provided over the telephone.

We spoke with seven staff which included support staff, team leader, registered manager and the operations manager.

We reviewed and sampled a range of documents and records including the care records for three people, three staff recruitment files. We also looked at records that related to the management and quality assurance of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to robustly assess the risks to people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- On our last inspection we found environmental risks that had not been addressed. For example, some bedrooms doors were not closing correctly. On this inspection we found all identified risks from our previous inspection had been addressed.
- Risks to people were assessed and covered a variety of areas in accordance with people's needs. This included personal safety and accessing the community. Where risks were identified there was a corresponding care plan to inform staff on how to support people to keep them safe.
- A relative told us, "The staff know [person] very well and their risks and they manage these well. I am happy with the support provided."
- Staff supported people with positive risk taking and supported people to develop. For example, people were supported to do activities they enjoyed in the local community, take part in household tasks and learn new skills. A relative told us, "Staff support [person] to do all the things they enjoy, they are out and about all the time." Another relative said, "[Person] enjoys their food so it is good they are helping out in the kitchen and making meals."
- Following discussions, during the inspection the register manager agreed to review people's personal evacuation plans to ensure these took account of the reduced staffing levels through the night.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive a person of their liberty.

- Staff knew people well and had access to training and information to support people safely. Staff knew the signs people displayed to indicate they were becoming distressed and how to distract people to keep them safe.
- Each person's care and support plan included ways to avoid or minimise the need for restricting their freedom.

Preventing and controlling infection

- On our last inspection we found infection control issues with the environment. On this inspection we found these areas had been addressed. We did observe some dust in the extractor fans in the bathrooms and these were cleaned straight away.
- We were somewhat assured that the provider was using PPE effectively and safely. Staff did not wear face masks due to the impact these had on communicating with people living in the home. A risk assessment was in place to support this and this included consulting with health care professionals. Should an outbreak occur face masks would then be worn, and staff wore PPE when supporting with personal care.
- We were somewhat assured that the provider was making sure infection outbreaks can be effectively prevented or managed. As staff did not wear face masks at all times this reduced their ability to effectively prevent infection outbreaks.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service supported visits for people living in the home in line with current guidance.

Using medicines safely

- On our last inspection we found medicines were stored in a room where the temperature exceeded the manufactures guidance. On this inspection we found the medicines had been moved to an alternative room which had ventilation, and where the temperatures were within a safe range.
- Following discussions, during the inspection the register manager implemented body maps to indicate where transdermal patches were applied to a person's skin as these were not in place previously. Body maps to support application of creams were also implemented. This ensures staff have clear guidance to follow.
- Electronic records supported people had received their medicines as prescribed. A relative told us, "As far

as I am aware there has been no issues and [person] is given their tablets when they need them. The staff are good in ensuring they only take what is needed so there is no overdosing."

- Staff told us, and records confirmed staff had received appropriate training and an assessment of their competency to ensure they administered medicines safely.
- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles.

Staffing and recruitment

- Recruitment checks were undertaken to ensure staff were suitable to work at the home. Checks had been carried out with the Disclosure and Barring Service (DBS) and references had been obtained. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We discussed with the registered manager additional information that could be obtained to support the recruitment of staff from overseas. The registered manager agreed to implement this.
- The service had enough staff, including for one-to-one and two-to-one support for people to take part in activities and visits how and when they wanted.
- A relative told us, "[Person] now receives one- to-one support which is great as they can now do so much more and visit the places they enjoy. It has made a difference to their life."
- Every person's record contained a clear profile with essential information and dos and don'ts to ensure that new or temporary staff could see quickly how best to support them.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they thought their loved ones were safe. A relative said, "I do think [person] is safe. They have the support they need from the staff that know them well. I would know if something was not right from [person] behaviour."
- Observations of people with staff indicated they appeared comfortable and had positive working relationships with the staff. We observed people use positive hand gestures with staff and smiling when in their company.
- People were supported by staff who had been trained in safeguarding. Staff we spoke with had a good understanding of what to do to make sure people were protected from harm or abuse. A staff member told us, "I would report any concerns straight away to the manager, and I am confident action would be taken. We are encouraged to report anything we think is poor practice. I also know which external agencies I could go to as well if needed."
- The management team were clear about their responsibilities to safeguard people and reported any safeguarding concerns to the local authority and CQC.

Learning lessons when things go wrong

- Systems were in place to manage incidents affecting people's safety. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned.
- The service recorded any use of restrictions on people's freedom, and managers reviewed use of restrictions to look for ways to reduce them.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to have effective systems in place to review the quality of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At our last inspection we found systems were not in place to maintain effective oversight of the service and action was not taken to address identified shortfalls. At this inspection we found improvements had been made.
- Audits were completed by both the registered manager and operations manager in a variety of areas including the environment, health and safety and care records. Where shortfalls were found actions and timescales were recorded and these were monitored for progress.
- The current registered manager had been in post for six months. Although they were still getting to know the service, they had the skills and knowledge for their role. They were visible in the service, led by example and understood people's needs.
- The registered manager was aware of the need to promptly inform CQC of any notifiable incidents in accordance with their legal responsibilities.
- The registered manager and staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. For example, an advocate was arranged to support a person to make decisions about their future.
- The registered manager was responsive to feedback provided during the inspection and was proactive in addressing areas identified such as updating the PEEPS and implementing body maps to improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- All the relatives we spoke with knew who the registered manager was and made positive comments. One relative said, "Things have changed for the better now. There has been lots of positive changes. The staff seem more positive and things are more inclusive now which is good." Another relative told us, "The new manager is good, they are making changes in the best interests of both [person] and the other people that

live at the home."

- The registered manager worked to instil a culture where staff valued and promoted people's individuality and protected their rights.
- Staff felt respected, supported and valued by the registered manager. A Staff member said, "The manager is good, supportive and approachable. She is receptive to any new ideas."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities in relation to the duty of candour regulation. They were open and honest during the inspection.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to gain feedback from people, relatives, staff and professionals. This included through meetings, surveys, informal discussions and observations.
- A relative told us, "I feel more involved now with this manager. The communication has improved with is good and a family open day has been planned." Another relative told us, "The communication is good. The staff keep me informed about everything and I have regular contact with [person]."
- The registered manager promoted equality and diversity in all aspects of the running of the service. For example, people were supported to attend their chosen places of worship. All cultural festivals were acknowledged and celebrated in the home.

Working in partnership with others

- The registered manager and staff worked in partnership with health colleagues, local authority, and various multi-disciplinary professionals to ensure people received a personalised service.